



RECEIVED
CENTRAL FAX CENTER
DEC 03 2004



1100 East Hector Street, Suite 245
Conshohocken, PA 19428
Phone: 610-293-0525
Fax: 610-293-0128
E-mail: email@rexmedical.com

Legal Office
1011 High Ridge Road
Stamford, CT. 06905
Phone 203-329-8750
Fax 203-329-8187
E-mail: ngershon@rcxmedical.com

FAX

To: Patent and Trademark Office	From: Neil D. Gershon
Fax: (703) 872-9306	Pages: 8 with Fax Cover
Phone:	Date: December 3, 2004
Re: Change of Correspondence Address	CC:

DEC 03 2004

PTO/SB/122 (08-04)

Approved for use through 07/31/2008. OMB 0551-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number

10/696 932

Filing Date

10/30/2003

First Named Inventor

James F. McGuckin, Jr., et al

Art Unit

3765

Examiner Name

Unknown

Attorney Docket Number

1255

Please change the Correspondence Address for the above-identified patent application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name Neil D. Gershon

Address

Rex Medical
1011 High Ridge Rd.

City

Stamford

State

CT

Zip

06905

Country

USA

Telephone

(203) 329-8750

Fax

(203) 329-8187

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐

Applicant/Inventor

☐Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒Attorney or agent of record. Registration Number 32,225☐Registered practitioner named in the application transmittal letter in an application without an
executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Neil D. GershonTyped or Printed
NameNeil D. Gershon

Date

12/3/2004

Telephone

(203) 329-8750

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.